R E P O R T R E S U M E S

ED 017 934 CG 001 061

COMMUNITY EDUCATION AND MENTAL HEALTH IN THE SOUTH LOS ANGELES COMMUNITY.

BY- TERRELL, JO E.
AMERICAN PSYCHOLOGICAL ASSN., WASHINGTON, D.C.

PUB DATE 1 SEP 67

EDRS PRICE MF-$0.25 HC-$0.76 17P.

DESCRIPTORS- #MINORITY GROUPS, MEXICAN AMERICANS, NEGROES, #MENTAL HEALTH PROGRAMS, #COMMUNITY COOPERATION, COMMUNITY SERVICES, #URBAN ENVIRONMENT,

THERE IS AN INTERRELATIONSHIP BETWEEN THE SOCIAL PROBLEMS EXPERIENCED BY MINORITY GROUPS IN LOS ANGELES AND MENTAL ILLNESS. THE CAUSES OF THESE PROBLEMS CAN BE FOUND IN THE ENVIRONMENTAL, SOCIAL, AND ECONOMIC SITUATIONS THAT ARE PECULIAR TO THE AFFECTED GROUPS. THOUGH THE SCHOOL HAS A ROLE TO PLAY, IT CANNOT TAKE FULL RESPONSIBILITY FOR SOLVING THE MENTAL DIFFICULTIES OF ITS STUDENTS, THUS NECESSITATING COMMUNITY MENTAL HEALTH AGENCIES. THESE AGENCIES PROVIDE VALUABLE SUPPORTIVE SERVICES, PARTICULARLY IN HELPING FORMER HOSPITALIZED MENTAL PATIENTS TO BECOME RE-INVOLVED IN THE COMMUNITY. MENTAL HEALTH PROGRAMS, HOWEVER, SUFFER FROM INSUFFICIENT FUNDS, LACK OF PROFESSIONAL STAFF, ACCESSIBLE FACILITIES, THE STIGMA ATTACHED TO PSYCHIATRIC CARE, AND AN UNINFORMED PUBLIC. THE SHORT-DOYLE ACT FOR COMMUNITY MENTAL HEALTH SERVICES, PASSED BY THE CALIFORNIA LEGISLATURE, OFFERS A NEW MODEL FOR MENTAL HEALTH AGENCIES. A DEPARTURE FROM THE TRADITIONAL MENTAL HOSPITAL, IT IS AN ENCOMPASSING PROGRAM WHICH ALLOWS THE PATIENT TO BE TREATED IN THE FAMILIAR SURROUNDINGS OF THE COMMUNITY. THE COST WOULD BE FINANCED 75 PERCENT BY STATE FUNDS AND 25 PERCENT BY COUNTY FUNDS. THOUGH THIS PROGRAM REPRESENTS A VALUABLE STEP, THE FINAL ANSWER TO WHAT CAUSES MENTAL ILLNESS AND HOW IT CAN BE ANSWERED LIES IN RESEARCH. (CG)

ED017934
STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

Jo Evelyn Terrell
Enterprise City School District
Communication Skills Project - Dir.
Presented to the National American Psychologists' Assn. Convention - September 1, 1967

COMMUNITY EDUCATION AND MENTAL HEALTH IN THE SOUTH LOS ANGELES COMMUNITY

The research agrees that there is a definite interrelationship between mental illnesses and social problems. Being in the fields of education and sociology, the parallel is highly recognizable. The following report is a result of surveys, interviews, and research relating to the problems of mental health with adults in the Los Angeles Community. Of the many studies that have evolved since the South Los Angeles - Watts riots of 1965, there has been a lack of clarity concerning the areas so involved. Let us clarify the fact that the Los Angeles riots had their beginnings in the South Los Angeles area adjacent to the Watts community, yet the flare-ups and geographical boundaries were widespread over more than 40 square miles and sprang up sporadically wherever there were high concentrations of ghettos. Enough has been said regarding those incidents, and since then some of our major cities have witnessed violence equal to and greater than those losses.

What are some of the root causes?

What is the mental health climate of young adults?

What remedial, therapeutic and preventive programs are available?

How may the effectiveness of these programs be increased?

What is the role of the federal, state, and local government in meeting the mental health needs of the people?

The problems are of gigantic proportions and the entire structure of our society is intimately involved in and responsible for the cure of social ills. All major cities face severe problems of growth and

phenomenal change. In Los Angeles the problem is compounded by having two large frustrated minority groups, that are often in conflict with each other and also in conflict with the dominant group. As the years pass we have lost the self sufficiency to cope with these problems, due to changes in our political and economic structure that were once, more geared to our needs.

America has solved the problems of abundance and many Americans live at a luxury level of middle and upper class; there is intellectual and material wealth, and theoretically, citizens are provided with the security of person and property; the right to expression; and a voice in managing the nation's affairs. Yet in the midst of our great achievements we have among us many citizens who do not enjoy the wealth of America, and they suffer from material deprivation and cultural famine. For them our social affluence is a mockery.

If, indeed, this problem is growing -- and there is little doubt that it is -- and if its manifestation are to be found in greater measure among minority group communities than elsewhere, it would seem only logical to assume that there are social and psychological conditions existing in these communities. If they are different, we must then assume that they are different for a variety of environmental, social, and economic situations that are peculiar to the affected groups. We must also assume that, while these social values are repugnant to generally accepted standards, they nevertheless provide a "workable" solution to the problems faced by an individual living in such an environment.

While this problem is of concern in all areas of our nation, it is most acute in our cities and in our great metropolitan centers.

Charles Silberman, writing in the March, 1960 issue of Fortune Magazine in an article titled, "The City and the Negro" said: "It

is the explosive growth of their (Negro) populations, in fact, that constitutes the cities' principal problem and concern. When city officials talk about spreading slums, they are talking in the main about the physical deterioration of the areas inhabited by Negroes. And when they talk about juvenile deliquency or the burden of welfare payments, or any of a long list of city problems, officials are talking principally about the problems of Negro adjustment to city life. For the large city is not absorbing and "urbanizing" its new Negro residents rapidly enough; its slums are no longer acting as the incubator of a new middle class." (As the slums did for the older emigrant to America -- the Europeans.)

In Los Angeles County, Mr. Silberman's thesis is equally applicable to the Mexican-American.

In essence, Mr. Silberman is saying that deliquency is a function to a considerable degree -- of <u>social class</u>; that as people reach middle class status their values tend to undergo a change, and that this change affects behavior in a positive fashion. People tend to leave a depressive, alum-like physical environment as their social values change; and while a decent physical environment is highly desirable, it will not, in and of itself, stimulate significant changes in social values.

If we accept the premise that the mental health and social ills are silent partners, where do we go from here? It is very difficult to discuss the problems of the adult without infringing on another discussant's topic, "Children and Mental Health." Nevertheless, let us think briefly regarding the linkage between childhood and adulthood, and the school's role.

<u>MENTAL HEALTH REACHES BEYOND THE SCHOOL</u>

Many implications of mental hygiene involve much more than school

experiences. The mental and emotional health of young people is influenced by forces over which schools in a free country can have no direct control. Therefore the schools cannot safely give the impression that they will take full responsibility for solving the mental or emotional difficulties of young people. Educational institutions recognize this fact by working to secure cooperation from parents, churches, civic organizations, social work and recreational agencies, and clinics. The limits to what schools can actually do must be recognized. To illustrate this point we shall comment briefly on three aspects of such limitations: the difficulties inherent in changing the attitudes of the children's families, the difficulties in changing the personalities of the school staff, and the power of cultural forces.

Although guidance services have made impressive progress in the last half-century many problems remain to be solved. Problems in clarifying responsibilities involve such issues as identifying practitioners competent enough to handle the various serious duties of the task. Problems of educational policy are exemplified by the fact that far too many schools minimize the importance of trained guidance workers, with the result that the mental-hygiene aspects of the school program are unappreciated and unrecognized.

The need of mental health services is very difficult to measure. Most people recognize that a severely disturbed emotional individual is sick, but many do not realize that a moderately disturbed emotional person may also be sick. It is normal, of course, to have emotional problems and most of us learn how to cope with them. But an emotional experience that is not properly assimilated may have a serious effect on behavior. If a child is killed in an automobile accident, its mother will be subjected to a severe emotional crisis. If she is unsuccessful in dealing with this emotional stress, her behavior may be affected.

Emotional disturbances are of special concern in childhood. Children may outgrow some emotional problems just as they may outgrow freckles. But some of the emotional disturbances of childhood are deep-seated and are not outgrown. If these deep-seated problems are not detected and treated, the emotionally disturbed child is likely to develop into a deliquent adolescent, a criminal adult, an alcoholic or a seriously sick and incompetent person. Thus the field of mental health is concerned with the prevention and treatment of not only those mental illnesses commonly characterized by derangement but also of the emotional illnesses that adversely affect behavior and personal efficiency.

Some people who are suffering from mental or emotional disturbances are unaware of their own need. Others may be aware of their need but are either not motivated to seek help or do not know where they can obtain it. Those who do seek help are known to some health or welfare agencies must be obtained by consulting individuals whose duties place them in contact with considerable numbers of people.

Many people with emotional ailments are able to carry on successfully both with their jobs and with their family life if they can periodically receive skilled professional help. Voluntary agencies are rendering an increasing volume of these supportive services and thus are enabling people to carry on reasonable well without resorting to hospitalization. In addition to the after-care service provided by the state, the voluntary agencies also give an increasing volume of service to patients on leave from mental hospitals. These persons have achieved maximum hospital improvement and are not seeking to bridge the gap between the protective atmosphere of the mental hospital and the competitive environment of normal "civilian" life. Obviously, this is a difficult period; failure means getting the ex-patient as rapidly as possible into the fabric of the community's

normal social and economic life.

The Bureau of Social Work of the California State Department of Mental Hygiene has a very important function. It supervises patients who are on home leave from state mental hospitals. These are patients who have apparently achieved maximum improvement in the hospital and are now ready to try to readjust to normal life in the community. In pursuing this objective, the social workers seek to make full use of all the services such as case-work, counseling, recreational, vocational and similar programs which are available in the community to help the patient to complete his rehabilitation.

Let us take a look at needs as a result of a survey. Of the 280 doctors contacted for information in the South Central Area, 70 responded. The doctors reported that there were definite needs in our community for more:

1. Mental Health Education
2. Nursing homes for the aged with mental health problems
3. Clinical services (community sponsored, free or part-pay, for children and for adults requiring psychiatric help)
4. Rehabilitation service for ex-mental patients
5. Psychiatric beds in private hospitals
6. Psychiatric beds for children and adults with acute short-term problems, and for adults requiring long term care in the free or part-pay community sponsored hospitals.

The resistance that doctors encountered when referring their patients for psychiatric care were found to be:

1. Patient's refusal or inability to accept referral because of cost.
2. Long waiting list for free or part-pay services
3. Lack of the patients' insight into their own problems
4. The stigma attached to need for psychiatric care
5. No time on the part of private psychiatrists

6. Fear of seeking psychiatric help

7. Lack of reasonable accessibility to local facilities

8. Lack of patients' faith in psychiatric services.

The doctors felt they had adequate current information about mental health resources.

The doctors made the following suggestions for meeting referral problems:

1. Need for more free or part-pay clinics.

2. Need for a greater number of professionally trained psychiatrists

3. Need for adult education to promote understanding and to remove the stigma from using mental health services

4. Need for mental health coverage in provate insurance policies

5. Need for increased school attention for prevention and recognition of mental health problems.

6. Need for more adequate training of medical practitioners in dealing with mental health problems.

Information from ministers and other volunteer respondants state that there has been much overlapping in services, which points up the need for coordinated services.

In some instances, it has been known that at least nine agencies have been involved with one family. This not only negates the dignity of the individual but also means that there is overlapping of service and duplicating of effort which could, if avoided, mean more and better service to more individuals.

In addition to agency referrals, last year, ministers made 80 referrals to private psychiatrists and other specialists. The following mental health problems are noted by the clergymen were related to:

1. Personal maladjustment

2. Alchololism

3. Poor marital relations

4. Maladjustment from environmental pressures

5. Sex maladjustments

6. Poor parent-child relations

7. Narcotic addiction

The ministers cited the following kinds of church programs as their way of helping to improve the mental health status of their constituency.

1. Religious service

2. Counseling service

3. Community Center work

4. Educational meetings on mental health

5. Organized youth work

If we accept mental health as meaning the general well-being of a person being mentally, physically, and emotionally stable, and that no one is mentally healthy all of the time, then we must strive to combat modern stress by providing services, rehabilitation, and financial aid to those with the expertise for continued research toward our goals and objectives.

Leo Marx points out in THE MACHINE IN THE GARDEN, a continuing tension exists between town and country. Like many animals we homonoids are the spiritual children of sunshine and green grass, but we have boxed ourselves into steel and concrete cities. Mayor John V. Lindsay once said, "our cities demand too much for those who live in them". Although the rural population is afflicted with mental illness, the problem bulks largest in the cities. In Los Angeles county there are 76 cities and 33 unincorporated areas. Making a comparison with Chicago's 72 neighborhoods, the staff there works with neighborhood committees and obtains funds from the City Council.

Plagued like other cities with inadequate fiscal and profes-

sional resources, Chicago placed its primary emphasis on preventive programs. In one situation, 45 women are being trained to work as volunteers, under supervision, with a group of teenage "dropout" girls. Goals are to improve the girls' physical health and motivate them to return to school or employment.

They would like to see a program of "pretreatment" for post partum psychosis, the depression experienced by many mothers immediately after child birth. These patients often are extremely young mothers, over-whelmed by the coming responsibilities of motherhood. "We can innoculate them before the baby comes by working with obstetricians and family doctors, showing what to look for and how to handle the symptoms."

Wilbur J. Cohen's address to the National Conference on Mental Health entitled, "Mobilizing for Mental Health" he states.

Unless all levels of government and all levels of programs focus on the needs of the individual, and communities of individuals, we may as well call off the war against mental illness. A depersonalized, dehumanized program for mental health is more destructive of human welfare than no program at all.

One cannot separate Federal from State and local programs. It is one interrelated and interacting program, with all levels of government, and many private sectors participating.

It is paradoxical to note that historically, the responsibility for mental health started in communities, then shifted almost entirely to the States. It is now reverting to communities, but with the enormous difference that help is available from both Federal and State governments, which are sharing the responsibility.

In 1960, State and local public expenditures for mental health services reached about 950 million dollars. In 1964, the figure was

close to 1.2 billion dollars.

As a Nation, we are spending a total of an estimated 2.8 billion dollars on mental health services. Of that amount 46 per cent is State money; 25 per cent Federal funds--going mostly into the Veterans Administration; another 25 per cent is private money; and nearly 4 per cent is local public support.

What are we getting for this $2.8 billion that we spend?

At this moment there are about one million patients under mental health care--either in beds or as outpatients in a Federal, State, or local public or private facility. A few of them are in the offices of private psychiatrists. Some are probably in jail.

A total of about two million patients will be under care during the year. This figure accounts for approximately one per cent of our population.

Every day we spend more than seven and a half million dollars in caring for all these people who need some form of psychiatric care.

But this expenditure does not begin to satisfy the needs. Because of lack of manpower and money--to say nothing of the more fundamental lack of knowledge--the mentally ill who are receiving treatment, adequate or inadequate, do not constitute the majority of all who need care.

When the public becomes better educated for mental health, and when more community mental health facilities and services become available, how many more will be demanding care? Will the number jump from one per cent to, say, three per cent of the population?

How many men and dollars would be required to give the best menta health care to six or seven million people a year? And even then, wit three percent of the population under treatment, how many more people who need care still could not get it? The problems stagger the imagination.

In California the Short-Doyle Act for Community Mental Health Services was passed by the Legislature, in 1957. It was the outgrowth of a long study by the Legislature, the Department of Mental Hygiene, the Department of Finance, and key organizations outside the government structure, including the California Medical Association County Supervisors Association of California, California Association for Mental Health, and a number of interested citizen groups.

All these spokesmen, representing the medical profession, government officials, and other areas of the public interest, had a common objective; to provide mental health services which would keep pace with the state's population growth, and be consistent with the most enlightened thinking in the mental health profession. The Short-Doyle Act represented a feasible and flexible instrument for achieveing those objectives.

PUTTING THE PROGRAMS WHERE THE PEOPLE ARE

California is the leader in providing local services for the promotion and encouragement of mental health and the treatment of mental illness and mental retardation. California communities working in cooperation with the State Department of Mental Hygiene through the Short-Doyle Act for Community Mental Health Services are the nation's pioneers in this significant task.

Community mental health service is a departure from the traditional method of dealing with mental disorders. It relinquishes the idea that the only way in which society can treat the mentally ill and the mentally retarded is to isolate them in large institutions--away from their families, often for so long that all ties are weakened, surrounded by others who are psychiatrically disordered, massed in such numbers that psychiatric treatment can at best be very limite

A community mental health program means more than bringing a

single patient in contact with a single therapist for a series of treatments. It is an encompassing program in which everyone gains a broader understanding--what threatens mental health, where to get help, how to create a climate in which the emotionally troubled are reassured and those have been ill and recovering do not feel cut off.

The Short-Doyle Act for Community Mental Health Services enables the state to provide professional guidance and financial assistance to communities which want to develop such services.

Almost every community provides some mental health services. Some are public and some are private; many are independent of state participation and support..

But when a community wishes to use Short-Doyle funds to improve existing mental health services or institute new ones, its program must meet certain requirements.

A "community" in a Short-Doyle program may be either a county, a city with more than 50,000 people, two or more counties, two or more cities and counties.

The decision to take part in a Short-Doyle program is made by the community through its governing body--either countyboard of supervisors or the city council.

Counties would be required to provide increased local treatment for mentally ill, with fewer patients committed to state hospitals. Some of them want to be assured of a definite cost ceiling.

STATE-COUNTY FINANCING

This increased care would be financed 75% by state funds and 25% by county funds under the existing Short-Doyle Act, starting July 1, 1968.

Many mental health experts feel most patients respond to treatment better if cared for in familiar surroundings.

Improved legal safeguards against long-term involuntary commitment of mental patients also are included in the bill.

A long-range goal of the program ultimately, is to empty state mental hospitals except for truly dangerous patients with resulting substantial monetary savings.

"This is a breakthrough that will be considered on a national scale if we can perfect it here in California."

UNRUH SUPPORTS BILL

Assembly Speaker Jesse M. Unruh (D-Inglewood) also testified in support of the legislation, particularly the proposed revamping of commitment procedures.

Lanterman and Petris were members of a special subcommittee that has been studying present state methods of commitment and treatment of the mentally ill since 1963.

The subcommittee turned up evidence that many people are involuntarily committed in "quickie" hearings with an average court time of less than five minutes.

There is a possibility of a National Institute of Mental Health grant to monitor the new program if it becomes law.

There is such a dire need for unlocking the riddle that can only be accomplished through research. Understanding the atom is child's play compared to understanding child' play, a scientist once said. Others agree that there is nothing in nature as baffling as man's brain. But with all its achievements in science and technology, the mind is still grappling with itself..with the mystery of its intricate workings and its terrifying disorders.

To track down clues, conduct essential long-term investigations, relate one bit of information to another -- research support is essential. And it is to the provision of research dollars, plus the encouragement to pursue all meritorious leads toward the conquest

of mental illness, that the NAMHR Research Foundation is committed. Grants are given not only to psychiatrists, other physicians and psychologists, but to sociologists, anthropoligists, biochemists, psysiologists, geneticists ... to researchers in all the social and physical sciences that may reveal meaningful patterns in normal and abnormal behavior.

Only people can help speed these advances. Their research dollars, stimulate, encourage and support investigations into causes, treatment and prevention of mental illness, can help countless men, women and children whose lives would be twisted by emotional and mental disorder.

"Our future is bright, our hopes are justified and we can be assured that the answers will be forthcoming," said Dr. Robert H. Felix at a recent conference, "but only as long as research investigators are creative, as long as people have a compassionate interest in the welfare of mankind and continue to support research."

Our question -- is this enough?

The final answer as to what causes mental illness and how it can be prevented lies in research. Knowing this, the Research Foundation of the National Association for Mental Health allocates grants across the country. In Los Angeles County, important projects at City of Hope and UCLA were supported by the foundation in the amount of $28,327.

WHERE WE ARE

It could be argued that we live in a time when communications are too good--and mathematicians too numerous. Only a hermit could avoid being battered with statistics on mental health, and only a sponge could absorb them all.

Nevertheless, statistics, cold and faceless, help tell the story.

You may already know some of them:

On April 30, 1966, there were 3,409 fewer patients in California's state hospitals for the mentally ill than on April 30, 1965. There were 5,672 fewer patients than two years before, on April 30, 1964.

The Department of Mental Hygiene said that on April 30 this year there were 27,242 persons in its 10 hospitals for the mentally ill. Seven years ago there were 37,489.

Admissions have increased moderately. There were 27,231 in fiscal 1965, compared to 26,763 in fiscal 1964.

Los Angeles can set quite an example for cities by using its affluence and its leisure wisely. This perhaps is its biggest challenge. Missing this boat could be its undoing.

One reason Los Angeles is where it is today is that it long ago dropped any pretense of sophistication. This is precisely what agitates many San Franciscans about their neighbor to the south, but Los Angeles doesn't mind. It looks down on no one. It takes 'em as they come.

John Guedel, a long-time resident of Los Angeles, puts it this way: "The girdle is off here. You can't say that about many cities."

Not only is the girdle off, but the fences are down. Los Angeles may be the first city in America that reflects the full spectrum of American population. It is made up of people from every state and from every stratum of American society. A few years after moving to Los Angeles, a housewife remarked that perhaps the biggest reward in coming to Southern California was experiencing the "great spread of ideas" it offered.

How true. And how basic to Los Angeles. "For the conglomerate of mind and spirit represented by this incredible metropolis is also

a source of strength. By constantly parading life in all its dynamic, variegated colors and shadings, life in its fullest dimension, it broadens and sharpens most who come in contact with it. It fosters perspective, understanding, open-mindedness. It resists the tendency to drift toward the shoals of bigotry and self-delusion, toward the depression and hopelessness that negate the potential of so many urban minds caught in a windowless, treadmill existence. This, in spite of Watts, is not the trend in Los Angeles. Los Angeles is anything but dull. It window on life is true, unwarped, untinted," says the West Magazine.

In closing, we must come to understand the true and relatively unlimited potential of each individual and to understand the total interrelationship and interdependence of all. We must begin to dream of what society must now do to make life a process of becoming rich tomorrow compared with our individual and mass poverty today. We must come to be concerned about our poverty tomorrow compared with our individual and social "wealth", body, mind and spirit -- on the next day after that.

SOURCES OF REFERENCE

Blue Cross - Blueprint for Mental Health

California State Department of Mental Hygiene

C A S C D Journal - Educational Leadership

Los Angeles County Commission on Human Relations

Los Angeles County Department of Mental Health

Los Angeles Regional Welfare Planning Council

Los Angeles Times West Magazine

United States Department of Health, Education and Welfare